

THOUGHTS ON PASSING EVENTS.

By AMBIDEXTER.

(No. II.)

PHASES AND FALLACIES OF MODERN MEDICAL EDUCATION.

WE have known men who have entertained very erroneous notions of the character, and the most grave objections to the introduction, of the anonymous correspondent in periodical publications: our own opinion is, that he resembles in some measure the parabasis of the Greek chorus, and is therefore admissible in light reading; he takes no part in that which is purely editorial, and yet as—in one sense—the representative of the Editor, he addresses the readers in a strain for which the Editor is, to a certain extent, answerable; he is at liberty to speak of the Editor's merits;—he assumes the right of a free citizen to deliver judgment on public morals, and as no place is assigned to him in the higher walks of literature, where opportunity to express himself in a loftier strain would be allowed, he occasionally introduces serious matter into his theme, the tone of which is, for the most part, lively and amusing. Earnestness of purpose, however, should be a constant feature in his address, so that whether his manner be grave or sportive, he never, with propriety, can lose sight of the moral obligation by which he is bound to speak the truth. We have said this much by way of apology for our mask, we now go on to the immediate subject of our paper.

There is nothing more dazzling to his ambition, and at the same time no more serious and fatal delusion to the intelligent student, than the curriculum of study, and the immediate prospects of reward, which are presented to him at the gates of the profession. Let us take, by way of the most favourable example, the case of a young gentleman, who has just entered himself at one of the large metropolitan hospitals; his thoughts are elevated by the introductory lecture, which opens to him the field wherein he is to labour, and the harvest of medals he is to reap after a few months of close application to lectures and books. Some dry practical teacher perhaps will suggest, that the dissecting room, and the wards of the hospital, are the places where the arts "*quæ prosunt omnibus*," are to be learned, but the suggestion is met by the ready answer, that the theory of medicine must be understood, so that the art shall be successfully practised. To the lecture-room and closet then the student betakes himself, no other mental qualification being necessary for his task than memory, and the power of concentrating the attention. The academical epoch draws to a close, and, with it, the gathering in of "prizes" and "honorary certificates," which are regarded as the plentiful reward of study. But meanwhile, the dissecting-room and hospital wards have received but a small share of his attention; for such places are not favourable to that habit of abstraction by which medals are won. To this succeeds the examination for the diploma, which is to confer a legal

qualification to practise; and then comes the practice itself, which is the test of the value of the system. We have now only to wind up our sketch, by supposing our medalist to be engaged one winter's night in the country, in the operation for strangulated hernia, at one of his earliest essays in surgery; or in detecting disease of the heart by auscultation, as a sample of the diagnosis of "young physic." In the first case, as he has seldom seen or *felt* a serous membrane, he may have considerable difficulty at midnight, by one small candle, in distinguishing peritoneum from fascia or intestine. In the heart case, all the "getting up the sounds," which have obtained for him his medals, will not help him one iota at the bed-side. This, then, is one aspect which the modern plan of cultivation wears; but this is not all, as we shall presently endeavour to shew. Before, however, pursuing another part of the subject, let us consider what is the general tendency of this new school, and from what sources its life has been derived and imitated.

There is the same disposition in the professors of the medical art, which appears in other branches of modern enlightenment, to look with contempt on the systems of preceding ages. This generation prides itself on what the Germans call "the maturity of human intensity," in other words, the accumulation of raw material without the means of working it. Hence it seems likely to forget the alphabet of science, in the enthusiastic pursuit after its new developments. That national vanity, and the conceits of individual dabblers, may have contributed their share, in some European countries, towards keeping alive this unsteady light, we are ready to allow, yet we cannot help thinking the chief cause of the continuance of the evil in England is to be found in the taste for desultory idleness which modern literature, medical or other, has encouraged. We have no faith in "learning made easy;" nor confidence in the endurance of any scheme of medical teaching, which is wholly encompassed by books. Medicine in the hands of the theoretic medalist, to our sober thinking, appears like a parody on the art; and the sick room over which he presides, an inanimate caricature of that grave assembly, where a serious work of charity should be going on. The tendency, therefore, of modern teaching, we take it, is to declare with rigid seriousness, and at the same time with attractive colouring, its determination to separate among the ingredients of practice, the æsthetics of science from the action, and to sacrifice the latter to the undue cultivation of the former.

With regard to the sources from which the theorizing schools of this age have sprung up in England, much, if not all, is to be laid to the account of the spirit of intellectual curiosity which has been engrafted by German mysticism on our national love of imitation. And, indeed, on this sea of dreams we have stood in jeopardy of having our character for practical ability well nigh shipwrecked. To exhibit our meaning more forcibly, we will transcribe the words of a well-known and profound German critic,* on the peculiarities of

* A. W. Schlegel.

his own nation—peculiarities which we have the reputation of having copied. The passage will give a tolerably accurate statement of our own condition. He says:—"The Germans are a speculative people: in other words, they wish to discover by reflection and meditation, the principle of whatever they engage in. On that very account they are not sufficiently practical; for if we wish to act with skill and determination, we must make up our minds that we have somehow or other become masters of our subject, and not be perpetually recurring to an examination of the theory on which it rests; we must as it were, have settled down and contented ourselves with a certain partial apprehension of the idea." We must, in short, be able to demonstrate our knowledge by its exercise—to shew our faith in the truths we have learned by a significant success in the sick chamber. As it is, we have unconsciously duped our common sense with the "unreal mockeries" of science, and since we are but imitators after all, of other people's fancies, we stand the chance of losing, not only our substantial reputation as practisers of the medical art, but also the elements of the uncertain philosophy in which we are embarked. Our desire is to strike at the root of this evil, and to see a more healthy purpose in our professors; to hear the master bestow praise and reward on the pupil for clinical vigilance and acumen, and not to have to listen, as has been our fate, to an introductory address, which has reminded us more of an invitation to a masquerade, than of a solemn appeal to the student, to devote himself to that labour by which the lives of men and Christians are to be protected.

Another, and a deeper section of our subject, carries us back to an age, antecedent to the professional life—to the preliminary education of the medical student—to that period when boys are taught how to use the knowledge they may afterwards acquire as men. This question has often been treated in these pages, and is at length beginning to find justice at the hands of our corporations. We shall not, therefore, repeat the arguments which have been brought before the public, on the necessity of a classical education, for those who mean to engage in the art of medicine.* Our object, now, is rather to give practical illustrations of its advantages.

Let us suppose that a student of industrious habits and retentive memory, yet unacquainted with the dead languages, and, therefore, with the powers of his own, has completed his academical career to the satisfaction of the most fastidious teacher;—that he has not only carried off his share of prizes, but has earned a good name for manual anatomy and clinical clerkship; let us suppose him to be called upon, as he most assuredly would be, to make an early impression on the minds of his patients of the *reality* of his knowledge. Would not the cumbrous machinery of his information, imperfectly digested by reason of the insufficiency of his mental powers, rather obstruct the process, by which the sick and nervous arrive at that inexplicable conclusion which has been emphatically called "faith in the

doctor?" Would not, moreover, this defect in his education—this evidence of the want of a liberal foundation, operate as a barrier to his usefulness in a thousand ways? This is no fanciful picture. Such men are about us at this moment: many bewailing the cause which they feel has narrowed their sphere; all bearing witness to the silent truth of ages, that to make the mind the mere treasury of facts, without first investing it with those qualities which will enable thought to reason on them, is a shallow philosophy, and in our case, subversive of our claim to be considered a learned and useful profession. We might multiply instances, and proceed to shew, how painful, and how unequal is the intercourse between a medical man thus uneducated, and the refined and accomplished scholar;—how shorn of much of his usefulness with the poor, whose natural sagacity of detecting scholarship, and avoiding vulgarity in their betters, is something akin to instinct;—how indicative of the absolute impossibility to realize, at present, the dream of equality, as advocated by some modern reformers. These are the common phases in our every-day history. There is, however, one other point to which we wish to advert. The art of medicine is progressive; it not only acquires strength in its onward march, which is found to be universally applicable, but possesses a faculty within itself of disposing of its improvements, so as to suit the different ages of the world, and the national constitution of the various races with whom it becomes naturalized. Still it must acknowledge a form within which its essence is held. Medicine, like poetry, requires to be kept within certain limits, that it may have liberty to manifest its usefulness and character; it must not abandon the laws of order, and so suffer its materials to be scattered to the winds. What metre is to poetry, language is to medicine. A vital form has been given to it from its earliest infancy—an organic clothing, which is no accidental growth, or arbitrary adoption of its own, but is the result of an innate force impressed on its nature, and is the significant evidence of its divine origin; it has been handed down to us in the mother tongue of our religion, and exhibits a determinate organization, which, so long as it is not mutilated by the profane pretender, or by the dealer in the modern mosaic of science, sets forth in its etymology the very soul of its existence. We might as well attempt to separate facial expression from the muscular structure which produces it, as to divest our art of that classical exterior, by which its life is interpreted.

One word more. The Council of the College of Surgeons, with the very best intentions, have expressed their earnest desire to improve "the education and qualification of surgeons." This was an early text in their corporate enactments, and it would have been well if they could have avoided all others, for unless we are much mistaken, they would have found, in the better educated class of surgeons, the elements of the reform they are now contending for; it is vain to bestow privileges on any society which is not in a condition to profit by them, and surely the clamour which has been raised, the mass of ill-digested schemes proposed, the

* See this Journal, for January 8, 1846.

low tone of political economy, and the questionable independence promised,—above all, the vulgar forms of speech in which some claims have been urged or defended, speak plainly of the necessity of creating, if not more “Fellows,” at least a new order of *scholars* in the profession. Nor are we without hope of such a reform: the “matriculation examination,” suggested in the *Medico-Chirurgical Review* for July, has been partially adopted in the recent notice published by the College, and while we confess this to be a step in the right direction, we are thankful not to be at issue with the Council on any other point, than the placing the Latin, Greek, and French languages in the same category. We will not, however, consider this matter “too curiously,” the wisdom of these honourable men, in listening to advice from without, we cannot but admire, and, as they have given us all we want in the Latin and Greek, we are content to believe they have added the French to satisfy the importunity of other agitators as troublesome as ourselves.

September 5, 1850.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

REPORTS OF CASES ADMITTED UNDER DR. DAVID NELSON.

Extracted from the Clinical Records,

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CASE VII.

Case of Richard Claridge, aged 52, temp. nervous, affected with phthisis, terminating in death.

HISTORY.—Some years ago he caught a severe cold, which exhibited itself in the form of a dry cough. This cough would diminish in summer, but always returned during winter in greater force. He never expectorated, and being averse to taking medicine, for a long time he had no proper treatment. Last Christmas he first began to experience a hoarseness, which obliged him to leave off his employment as a grocers' assistant. From that period he gradually got worse.

Symptoms.—Oct. 3rd.—On examination he was found much emaciated, with a slight flush on each cheek. The chest was dull on percussion, and there was a gurgling sound heard, as of fluid in the bronchi. The voice was reduced to a whisper, and he felt as if something was lodged in the larynx, which he could not expel. He did not complain of any excessive sweating at night, but his pulse counted 140, sitting. The tongue was white, and at the same time streaked with large vessels.

Diagnosis.—That there was tubercular degeneration, and, perhaps, ulceration, of the larynx; probably, also, tubercle in the lungs.

Treatment.—From the skeleton aspect of this poor man little hope could be cherished of any amendment;

however, to meet the irritation at the larynx, a blister was ordered to the upper part of the sternum, while he used a gargle of the nitrate of silver, three grains to one ounce of water. Though the night-sweatings were but slight, he was given aromatic sulphuric acid every night at bed-time, along with hyoscyamus, to procure sleep. He also took camphorated tincture of opium, as an expectorant, and was told to persevere in taking cod-liver oil and iron three times a day. After the application of these remedial measures, the cough became somewhat less distressing; the throat, however, underwent no change, and he gradually became thinner and thinner.

Oct. 17th.—He was found exhausted, with large accumulations of fluids in the bronchi, which were only forced up from time to time by a desperate effort. On the 20th he expired.

Observations.—The disease of the larynx was very obvious from the hoarseness, and from the patient referring to it as the seat of all his sufferings. The general symptoms and condition of the patient left no doubt of the tubercular degeneration; but whether that tubercular state extended to the body of the lung was more doubtful, because he did not seem greatly oppressed in his breathing; and although the sound on percussion was dull, it was by no means a dead one. The respiratory murmur was not absent, though of a bronchial character. This peculiarity will be found explained by the *post-mortem* appearances. It shows that the general symptoms of phthisis are sometimes more marked than its physical signs.

Post-mortem.—The back part of the tongue was found tuberculated, like a Brightian kidney, with tumefied vessels running along its surface. The glottis was much enlarged, as well as the vocal cords; and both it and the entire larynx were covered with a soft, pale, pulpy tissue, exactly resembling the thickened mucous membrane of the stomach. There was no ulceration. The lungs were universally tuberculated, though not so much as to prevent all circulation of air, and they crepitated under the finger.

CASE VIII.

Case of John Gregg, aged 28, temp. nervo-lymphatic, affected with laryngeal and pulmonary phthisis, terminating in relief.

HISTORY.—The patient stated that fifteen months ago he was seized with dry cough, which was afterwards attended with profuse expectoration. Up to the date of admission it had never left him. His previous life had been comfortable enough. Six months ago he first began to get hoarse, and had uneasiness in the throat, which symptoms had gone on increasing. His appetite had been good, and his bowels regular. He had lost much flesh, and sweated at night, but not profusely.

Symptoms.—Oct 28th.—On examination, his voice was observed not to exceed a rough whisper. There was pain on swallowing, but none on pressing the larynx. He was pale and emaciated, and had a bright